

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

April 24, 2026

[REDACTED]
DOLORES L SMITH SHARER
[REDACTED]

RE: SMITH'S PERSONAL CARE HOME
47 FRONT STREET, P.O. BOX 65
WYALUSING, PA, 18853
LICENSE/COC#: 23878

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/11/2026 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: SMITH'S PERSONAL CARE HOME License #: 23878 License Expiration: 06/11/2026
 Address: 47 FRONT STREET, P.O. BOX 65, WYALUSING, PA 18853
 County: BRADFORD Region: NORTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: DOLORES L SMITH SHARER
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 07/30/1987 Issued By: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 24 Waking Staff: 18

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Fine Exit Conference Date: 03/11/2026

Inspection Dates and Department Representative

03/11/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 34 Residents Served: 24

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 13
 Diagnosed with Mental Illness: 14 Diagnosed with Intellectual Disability: 3
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

03/11/2026 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/28/2026

04/06/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: 04/09/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/08/2026

Inspections / Reviews *(continued)*

04/24/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/09/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

187a Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 4. Strength.
- 6. Dose.

Description of Violation

Resident [redacted] is prescribed [redacted] on a sliding scale that was to be administered four times daily at 7:00 a.m., 11:00 a.m., 4:00 p.m. and 7:00 p.m. However, the resident's March 2026 medication administration record does not list the number of units of [redacted] administered on [redacted] at 4:00 p.m. and 7:00 p.m.

Resident [redacted] has an order for [redacted] tablets which are administered daily at 7:00 a.m. However, the resident's March 2026 medication administration record does not list the correct strength of the medication. The medication record notes the strength of the medication as 10mg.

Repeated violation [redacted] et al

Plan of Correction

Accept [redacted] - 04/06/2026)

[redacted] Administrator, is responsible for compliance. The monthly blood glucose logbook has been revised for residents using a sliding scale to include the number of units given when needed. This form will begin 4/1/26. [redacted], Administrator, and [redacted], Direct Caregiver, are verifying number of units with the glucose reading each day.

Resident # [redacted] order for 10 mg tablet was not given to Miller's Pharmacy correctly. The correct dosage was given to the pharmacy on 3/12/26 and is now in compliance. [redacted] is reviewing all after-visit summaries to make sure medications from the pharmacy is the same as the MAR. See attached.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented ([redacted] - 04/24/2026)

224a Preadmission Screen Form

2. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [redacted]s preadmission screening form, dated [redacted], does not include a determination if the the resident can or cannot safely avoid poisons.

Resident [redacted]s preadmission screening form, dated [redacted] does not include a determination if the the resident can or cannot safely avoid poisons.

224a - Preadmission Screen Form (*continued*)**Plan of Correction****Accept** [REDACTED] - 04/06/2026)

[REDACTED], Administrator, is responsible for the prescreenings and corrected the preadmission forms on 3/11/26. [REDACTED], Direct Caregiver, will review and initial preadmission forms for completion to address ongoing compliance..

Licensee's Proposed Overall Completion Date: 03/27/2026**Implemented** [REDACTED] - 04/24/2026)